

TENNESSEE HOME INSPECTOR LICENSING BOARD

Department of Commerce and Insurance 500 James Robertson Parkway, 2<sup>nd</sup> Floor Nashville, TN 37243 615-253-1743

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www.state.tn.us/commerce/boards/hic/index.html

## **CONTINUING EDUCATION - COURSE SPONSOR APPLICATION**

FOR OFFICE USE ONLY

		Date Received  ( ) Approved ( ) Disapproved  Course #
P	Please Type or Print	Legibly
GENERAL INSTRUCTIONS		
printed in ink, and all items must be completed days prior to the scheduled date of the course	I. This application must b	de on this form. The application must be typed or e submitted to the commissioner no later than 30
CONTINUING EDUCATION PROVIDER		
Name of Course Sponsor		
Address(Provide Street Address and a	ilso P.O. Box if any, & include zi	p code for each)
(City)	(State) (Street Add	lress Zip Code) P.O. Box Zip Code ( )(Telephone)
Contact Person		Telephone
Address		Fax #
City	State Zip Code	E-mail:
Number of Contact Hours Requested	COURSE INFORMA	TION
Course Title		
Course ContentPlease attach a d	<u>letailed</u> outline or a copy	of the course curriculum
(If the Tennessee Home Inspector Licensing previously approved, but course content has documentation)	Program has not approve changed significantly, you	ed this course for continuing education, <b>or</b> was u will be required to submit the course content
Location of course or seminars	Str	eet Address

City

State

In-1533

Zip Code

## **CONTINUING EDUCATION INSTRUCTOR APPLICATION**

NAME OF INSTRUCTOR	
Employee of	
Instructor Qualifications	Please Attach Resume(s)

Per the Tennessee Home Inspector License Act of 2005, this form must be completed in order for the Tennessee Home Inspector Licensing Program to consider approving your course/seminar for their Continuing Education Program. Please provide all information requested.

The Tennessee Home Inspector Licensing Program will review and revise this form as needed.

IN-1533 RDA 2225